

Bioterrorism Preparedness for Sentinel Laboratory Personnel 2011 Workshop Application

Date Application Received:

Accept ☐ Reject ☐

Cancelled ☐ NS ☐

State Lab Use Only

****Please complete one application per applicant****

Name of Applicant: _____ Date: _____

(Please **PRINT** name **LEGIBLY** for continuing education certificate)

Business Mailing Address (must be completed)

Organization/Facility _____

Street or Post Office Box Number _____

City _____ State _____ Zip _____

Phone # Business : (_____) _____ Ext. _____ /Fax (_____) _____

E-Mail address (Business) _____

Dietary Restrictions: No _____ Yes _____

If yes, please specify needs _____

Special Accommodations: No _____ Yes _____

If yes, please specify needs _____

****Note: Refer to Workshop Announcement for Information Concerning Travel Scholarships ****

Signature of Applicant

MAIL OR FAX COMPLETED APPLICATION TO:

Montana Public Health Laboratory

Attn: Crystal Poppler

1400 E. Broadway

Helena, MT 59601

PH: 406-444-3444 or 800-821-7284

FAX: 406-444-1802

MTPHL

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